

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000023		
1. Entity Name DAHLMAN PROFESSIONAL CENTER, L.C.		

Principal Place of Business 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940	Mailing Address 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 59-3417008	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KING, SHIRLEY 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, SHIRLEY 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHLMAN, DENNIS 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACCUS, SHIRLEY 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000061424 02/23/04-00000-000 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000061424 02/23/04-00000-000 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000061424 02/23/04-80080-000 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <i>Shirley P. King</i>	2/18/04 321.242.8080
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